

# Trenton Public Schools Referral Form

Name \_\_\_\_\_ Section \_\_\_\_\_ Student ID \_\_\_\_\_  
 Referring Staff \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_  
 School \_\_\_\_\_

## Repeated Minor Infractions

*(3 infractions needed to submit referral)*

### Repeated Infractions Causing this Referral

Infraction	Date

### Prior Behavior Interventions by Staff

Action Taken	Date
Polite Verbal Re-direction	
Seating Assignment Change	
Student Conference	
Student sent to "Buddy Classroom"	
Teacher Detention	

### Mandatory Parent Contact

Date & time of parent contact.	
Who was contacted? (Name & relationship to student)	
What phone # or email address was used?	

### Comments *(Use back for additional space)*

## Major Infractions

*(1 or more needed to submit referral)*

### Check All That Apply to This Referral

Fighting/Physical Aggression  
 Blatant Disrespect  
 Physical Assault  
 Terroristic Threats  
 Inapp. Sexual Behavior/Contact  
 Indecent Exposure  
 Inciting a Riot  
 Starting a Fire/Arson  
 Harassment/Bullying  
 Vandalism  
 Forgery/Theft  
 Weapons Possession/Use  
 Combustibles Possession/Use  
 Electronics Abuse  
 Extortion  
 Tobacco/Drug/Alcohol Possession/Use

## Administrative Actions

*(For Administration Only)*

Action Taken	Date
Student Conference	
Parent Conference	
Peer Mediation	
Guidance	
Central Detention	
ISS <i>(Include # of Days)</i>	
OSS <i>(Include # of Days)</i>	
Other <i>(Explain)</i>	

**Administrator's Signature:**

\_\_\_\_\_

**Entered into Power School on (Date):**

\_\_\_\_\_